


**UNITED STATES
PATENT AND
TRADEMARK OFFICE**

 Commissioner for Patents
 Washington, DC 20231
 www.uspto.gov


CONFIRMATION NO. 8394

Bib Data Sheet

SERIAL NUMBER 09/370,696	FILING DATE 08/09/1999 RULE	CLASS 340	GROUP ART UNIT 2635	ATTORNEY DOCKET NO. 6270/26
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APPLICANTS
 SIMON H. LIGHTBODY, VICTORIA, CANADA;
 PETER C. COWAN, SIDNEY, CANADA;
 DAVID W. GILES, SIDNEY, CANADA;
 RENE T. JONKER, VICTORIA, CANADA;
 Markus F. Hirschbold, Victoria, CANADA;

** CONTINUING DATA ***** none TC

** FOREIGN APPLICATIONS ***** none TC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/30/1999

Foreign Priority claimed yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	STATE OR COUNTRY CANADA	SHEETS DRAWING 18	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance <u>TC</u>				
Verified and Acknowledged	Examiner's Signature _____	Initials _____		

ADDRESS

757

TITLE

EXTERNAL COMMUNICATIONS INTERFACE FOR REVENUE METER

FILING FEE RECEIVED 1626	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	All Fees
		1.16 Fees (Filing)
		1.17 Fees (Processing Ext. of time)
		1.18 Fees (Issue)
		Other _____
		Credit

IAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET N°
09/370,696	08/09/99	324	2858	6270/26

APPLICANT

SIMON H. LIGHTBODY, VICTORIA, CANADA; PETER C. COWAN, SIDNEY, CANADA;
DAVID W. GILES, SIDNEY, CANADA; RENE T. JONKER, VICTORIA, CANADA.

Markus F. Hirschfeld Canada

****CONTINUING DOMESTIC DATA*******

VERIFIED

NONE TE

****371 (NAT'L STAGE) DATA*******

VERIFIED

NONE TE

****FOREIGN APPLICATIONS*******

VERIFIED

NONE TE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/30/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CAX	SHEETS DRAWING 18	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Initials <u>TE</u> Initials _____				

ADDRESS

BRINK HOFER GILSON & LIONE
P O BOX 10395
CHICAGO IL 60610

TITLE

EXTERNAL COMMUNICATIONS INTERFACE FOR REVENUE METER

FILING FEE
RECEIVED

\$890

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other _____
- ☐ Credit